

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09931162</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">8/17/09</div>				
						APPLICANT(S)					

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	↓		↓		↓			↓		↓	
TOTAL DEP.	12	↓		↓		↓			↓		↓	
TOTAL CLAIMS	20											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS